

New Account Application

Regular Mail:

Poplar Forest Funds c/o U.S. Bank Global Fund Services PO Box 701 Milwaukee, WI 53201-0701 **Overnight Mail:**

Poplar Forest Funds c/o U.S. Bank Global Fund Services 615 E. Michigan St., FL3 Milwaukee, WI 53202-5207

For additional information please call toll-free 877-522-8860 or visit us on the web at www.poplarforestfunds.com.

In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify, and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security number, and permanent street address. Trust accounts require additional documentation.** This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value. **Please do not use this application for IRA or Entity accounts.**

Investor Inf	ormation Select one			
■ Individual		1 [1	
		┚╚		
	FULL LEGAL FIRST NAME ¹	M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
	SOCIAL SECURITY NUMBER			
☐ Joint Owner		1		
	L FULL LEGAL FIRST NAME ¹	⅃ 	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
	OCCIAL OF CURITY AND ARE			
	SOCIAL SECURITY NUMBER Registration will be Joint Tenancy with Rights	of Survivo	orship (JTWROS) unless otherwise specified	
☐ Transfer to				
Minor	CUSTODIAN'S FULL LEGAL FIRST NAME ¹		LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
-	(ONLY ONE)	IVI.I.	LAST NAIVIL	DATE OF BIRTH (MINI/DD/11111)
	CUSTODIAN'S SOCIAL SECURITY NUMBER	₹		
		1 [
	MINOR'S FULL LEGAL FIRST NAME ¹ (ONLY ONE)	M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
	MINOR'S SOCIAL SECURITY NUMBER	UTMA	STATE (list state's law that governed the initial transfer)*	AGE OF TERMINATION**2

"Minor" means an UTMA account owner (customer) who has not reached the age of termination (age the custodianship terminates, which is designated at the time of transfer and governed by state law). This means that depending on the applicable state, a minor could be older than 18 or 21.

Upon reaching the age of termination, the custodian must remove themself as custodian (and their authority over the account) so that the UTMA account owner can complete a new application solely in their name and under their control. The custodian will no longer be able to act on the account after the minor reaches the age of termination. Please note, transfers to a minor are irrevocable. Additionally, at the age of termination, U.S. Bank Global Fund Services as transfer agent for Poplar Forest Funds reserves the right to restrict purchases and redemptions and reinvest any dividends and/or capital gains set to pay out in cash until the former minor completes a New Account Application.

*In the event that the custodian does not complete the "UTMA State" field above, the custodian hereby directs U.S. Bank to establish the UTMA state using the state from the Permanent Street Address provided in the Address section as the UTMA state. This designation shall permanently remain as the designated state for this account.

**In the event that the custodian does not complete the "Age of Termination" field above, the custodian hereby directs U.S. Bank to establish the account using the default age of termination for custodial property transferred by gift under the "UTMA State's" law.

¹ If a full legal first name is not provided, a copy of a government issued document is required to accompany this application.

Note that electing an age of termination beyond the default age, such as 25 if permissible for a particular state, may result in the loss of any annual exclusion for federal gift tax purposes. By entering an age of termination that is different than the state laws governing the gift or transfer, you represent and warrant that you have consulted with your tax and legal advisors on (i) the permissibility of the age selected under the governing state's law, and (ii) the state and federal tax consequences of the designated age of termination.

1 Investor Inf	formation continued		
☐ Trust	NAME OF TRUST NAME(S) OF TRUSTEE(S) SOCIAL SECURITY NUMBER / TAX I You must supply documentation to section(s)), or Certificate of Trust.		DATE OF AGREEMENT (MM/DD/YYYY) e of your trust such as your Trust Agreement (including the powers and limitations
2 Address			
STREET CITY DAYTIME PHONE NUM EMAIL ADDRESS Minor's Addi	PO Boxes are not allowed. STATE MBER EVENING PHONE		Mailing Address* (if different from Permanent Street Address) If completed, this address will be used as the Address of Record for all statements, check and required mailings. Foreign addresses are not allowed. STREET APT / SUITE CITY STATE ZIP CODE * A PO Box may be used as the mailing address. de the minor's address below.
duplicate statements.	ment #1 sh someone other than the account owne	r(s) to receive	Duplicate Statement #2 Complete only if you wish someone other than the account owner(s) to receive duplicate statements.
COMPANY NAME			COMPANY NAME
NAME STREET		APT / SUITE	NAME STREET APT / SUITE
CITY	STATE	ZIP CODE	CITY STATE ZIP CODE

3 Investment Options					
■ By check: Make check payable to the Poplar Forest Funds. Note: All checks must be in U.S. Dollars drawn on a domestic bank. The Fund will not accept payment in cash or money orders. The Fund does not accept post-dated checks or any conditional order or payment. To prevent check fraud, the Fund will not accept third party checks, Treasury checks, credit card checks, traveler's checks, or starter checks for the purchase of shares.					
☐ By wire: Call 877-522-8860. Note: A completed application is required in	n advance of a wire.				
	Investment Amount Class A - \$25,000 Minimum Inv. Class - \$25,000 Minimum Inst. Class - \$100,000 Minimum	Reinvest	Gains Cash* ed, capital gains	Divide Reinvest s and dividends w	Cash*
☐ Poplar Forest Partners Fund 1132 Class A	2 \$				
Poplar Forest Partners Fund 1133	3 \$				
Poplar Forest Cornerstone Fund 238 Investor Class	32 \$				
*If cash distribution should be paid, plead Check to Address of Record ☐ ACH to Bank of Record - Valid Voided €		l in the Bank Ir	nformation se	ection	
4 Cost Basis Method					
The Cost Basis Method you elect applies to all covered shares acquired from January 1, 2012 forward and to all identically registered existing and future accounts you may establish, unless otherwise noted. The Cost Basis Method you select will determine the order in which shares are redeemed and how your cost basis information is calculated and subsequently reported to you and to the Internal Revenue Service (IRS). Please consult your tax advisor to determine which Cost Basis Method best suits your specific situation. If you do not elect a Cost Basis Method, your account will default to High Cost.					
Primary Method (Select only one) Average Cost – averages the purchase I primary Out – oldest shares a					

5 Telephone Options

You have the ability to make telephone purchases*, redemptions*, or exchanges per the prospectus by checking the box below. See the prospectus for minimum and maximum amounts.

* You must provide bank instructions and a voided check or savings deposit slip in the Bank Information section.

☐ I accept telephone transaction privileges.

Should you wish to add the options at a later date, a signature guarantee may be required. Please refer to the prospectus or call our shareholder services department for more information.

6 Automatic Investment Plan (AIP)

Your signed application must be received up to 7 business days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account. Please attach a voided check or savings deposit slip to the Bank Information section of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Draw money for my AIP (check	one): [☐ Monthly ☐ Quarterly		
\$100 minimum	I	f no option is selected, the freque	ency will default to monthly.	
Poplar Forest Partners Fund Class A	1132	AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
☐ Poplar Forest Partners Fund Institutional Class	1133	AWOUNT ENDIAW	AII STAKT MONTH	All STANT DAT
☐ Poplar Forest Cornerstone Fund Investor Class	2382	AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
		AMOUNT PER DRAW	AIP START MONTH	AIP START DAY

Please keep in mind that:

- There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.

7 Systematic Withdrawal Plan (SWP)

Your signed Application must be received at least 15 calendar days prior to initial transaction. Systematic Withdrawal Plan (SWP) \$2,500 minimum and \$50,000 account value minimum – permits the automatic withdrawal of funds. ☐ Payments will be mailed to address in Address section. ☐ Payments will be deposited directly into your bank account. Please attach a voided check or preprinted savings deposit slip to the Bank Information section of this application. We are unable to credit mutual fund or pass-through ("for further credit") accounts. Make payments ☐ Monthly ☐ Quarterly ☐ Annually starting with the month given here: ☐ Poplar Forest Partners Fund 1132 Class A AMOUNT PER DRAW SWP START MONTH SWP START DAY ☐ Poplar Forest Partners Fund 1133 Institutional Class

AMOUNT PER DRAW

AMOUNT PER DRAW

8 Bank Information

Investor Class

☐ Poplar Forest Cornerstone Fund 2382

If you selected any options which require banking information, please attach a voided check or preprinted savings deposit slip. We are unable to debit or credit mutual fund or pass-through ("for further credit") accounts.

Please contact your financial institution to determine if it participates in the Automated Clearing House System (ACH).

Note: There is a \$15 fee for next day wire and no fee for ACH (transfer takes 2-3 days).

John Doe Jane Doe	5	53289
123 Main St. Anytown, USA 12345		
Anytown, OOA 12343		
Pay to the order of	\$	
Marra	Cimad	
Memo	Signed	
::12345m678:	:123456785678:	

SWP START MONTH

SWP START MONTH

SWP START DAY

SWP START DAY

9 Signature and Certification Required by the Internal Revenue Service

- ✓ I have received and understand the prospectus for the Poplar Forest Funds (the "Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxy statements, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable, if I fail to notify the Fund within such time period. I certify that I am of legal age and have the legal capacity to make this purchase.
- ✓ The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing the banking sections of this application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, N.A., on behalf of the applicable Fund. The Fund, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are not honored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation. I authorize U.S. Bank Global Fund Services to obtain a third party report for the purposes of authenticating the bank information that I provided.
- ✓ I understand that my mutual fund account assets may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my State's abandoned property laws.
- ✓ Under penalty of perjury, I certify that:
 - 1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number
 - 2) I am not subject to backup withholding because a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service (IRS) that I am not subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding; and
 - 3) I am a U.S. citizen or other U.S. person; and
 - 4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification Instructions.

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisitions or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X	
SIGNATURE OF OWNER*	DATE (MM/DD/YYYY)
X	
SIGNATURE OF JOINT OWNER*	DATE (MM/DD/YYYY)

If the custodian listed in the Investor Information section is NOT a parent or legal guardian of the minor, a parent or legal guardian is REQUIRED to complete the following section.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Under penalty of perjury, I certify that:

- 1) the Social Security or taxpayer identification number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2) I am not subject to backup withholding because a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service (IRS) that I am not subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3) I am a U.S. citizen or other U.S. person; and
- 4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification Instructions.

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisitions or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN

I am signing on behalf of the minor as a parent or legal guardian:

^{*} If shares are to be registered in (1) joint names, both persons must sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign.

DEALER NAME REPRESENTATIVE'S LAST NAME FIRST NAME DEALER'S ID REPRESENTATIVE'S ID BRANCH ID **DEALER HEAD OFFICE INFORMATION:** REPRESENTATIVE BRANCH OFFICE INFORMATION: ADDRESS ADDRESS CODE CITY / STATE / ZIP CITY / STATE / ZIP TELEPHONE NUMBER TELEPHONE NUMBER Before you mail, please: ☐ Complete all USA PATRIOT Act required information ☐ Enclose your personal check made payable to the Poplar Forest ☐ Social Security or Tax ID Number ☐ Include a voided check or savings deposit slip, if applicable ☐ Date of Birth ☐ Sign your application in the Signature and Certification Required by ☐ Full Name the Internal Revenue Service section ☐ Permanent Street Address ☐ Enclose additional documentation, if applicable

☐ Complete UTMA information, if applicable

10 Dealer Information

Page 7 of 7 10/2024